

State of Minnesota

County _____

District Court

Judicial District: _____

Court File Number: _____

Case Type: _____

Plaintiff/Petitioner

And

Defendant/Respondent**Notice and Application for
Taxation of Costs and Disbursements**

To: _____

Name of other party

and

_____ County Court Administration

(Name of County)

State of Minnesota)
) SS
 County of _____)

I, _____ submit this application for costs and disbursements:

Costs and Disbursements

	Amount Claimed	Amount Allowed
Statutory Costs (Minn. Stat. § 549.02, subd. 1)	\$ _____	\$ _____
Court Filing Fee	\$ _____	\$ _____
Motion Fees	\$ _____	\$ _____
Jury Fee	\$ _____	\$ _____
Medical Record Fees	\$ _____	\$ _____
Cost of Service	\$ _____	\$ _____
Subpoena Fees	\$ _____	\$ _____
Experts (<i>specify total amount sought and list in an attachment the name, date of appearance at hearing/trial and a breakdown of claimed expenses for each expert</i>)	\$ _____	\$ _____
Reproduction of Exhibits	\$ _____	\$ _____
Depositions (<i>specify total amount sought and list in an attachment: the name of the deponent, date the deposition was used at hearing/trial - either offered as an exhibit or used to impeach a witness - and specify expenses associated with both the video deposition and the traditional deposition</i>)	\$ _____	\$ _____

\$ _____ \$ _____

TOTAL CLAIMED: \$ _____

I, (the attorney for a party in the above-entitled action) (a party in the above-entitled action) state that the above is a true and correct statement of costs incurred and disbursements made and which the above-named party is entitled to recover in this action.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Signature

Attorney's Name / Party's name
(use party's name if party not represented by counsel)

Address

City, State, Zip

E-mail address

TOTAL ALLOWED: \$ _____

This above bill of Costs and Disbursements taxed and allowed as indicated in the right-hand column, above.

Date _____

Court Administrator or District Court Judge

District Court Administrator

By _____
Deputy Administrator

NOTICE TO ATTORNEY FOR
ADVERSE PARTY(S):

Costs and disbursements will be taxed
pursuant to Rule 54.04 (Rules of Civil
Procedure). Objections may be filed
Pursuant to Rule 54.04(c).

ADVERSE PARTY(S) BEING TAXED:

Attorney or Adverse Party's name if no attorney

For _____
(Name of Party)

Attorney or Adverse Party's name if no attorney

For _____
(Name of Party)

Attorney or Adverse Party's name if no attorney

For _____
(Name of Party)

Attorney or Adverse Party's name if no attorney

For _____
(Name of Party)

Note: If adverse party is not represented by an attorney, cross out Attorney and print adverse party's name (use additional pages to identify additional parties)

State of Minnesota)

)

County of _____)

I, _____, of the City of _____,
County of _____, State of Minnesota, that on the _____ day of
_____, _____, served the Notice and Application for Taxation of Costs
and Disbursements incurred by prevailing party on the person(s) named below by mailing a copy
thereof, enclosed in an envelope, postage prepaid, and by depositing the same in the post office
at _____, directed to the attorney / party at the
following address(es):

Name

Address

City, State, Zip

(If more than one party / attorney served, include information on a separate list and attach)

Name

Address

City, State, Zip

I declare under penalty of perjury that everything I have stated in this document is true and
correct. Minn. Stat. § 358.116.

Signature of Affiant